

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/518,197
		Filing Date	12/16/2004
		First Named Inventor	Yasuo Nakamura
		Examiner Name	Lessanework T. Seifu
		Art Unit	1743
TOTAL AMOUNT OF PAYMENT		(\$)	1050.00
		Attorney Docket	1217 - 045623

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

#### Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims	- 20 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
7	- 20	= 0	x _____	= 0	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	- 3 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
1	- 3	= 0	x _____	= 0	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x _____	= _____

### 4. OTHER FEE(S)

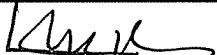
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three Month Extension of Time fee

Fees Paid (\$)

\$1050.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,891	Telephone	412-471-8815
Name (Print/Type)	Kirk M. Miles			Date	March 28, 2008